

EDUCATION AWARDS PROGRAM BUDGET FORM

AMERICORPS

Program Cycle: ☐ 2000-03 ☐ 2001-04 ☐ 2002-05

Program Year: _____

☐ Original ☐ Revised

(Date of revision)

Please attach the budget narrative to this page.

Legal Applicant Name: _____

Program Name: _____

BOX 1 AmeriCorps Member Positions Requested

	(a) Hours	(b) Number of members	(c) No. of FTEs
1 Year Full Time	1700	_____	(b)
1 Year Part Time	900	_____	(b ÷ 2)
<u>Reduced Part Time</u>			
(Hours)	_____	_____	(b x a) ÷ 1700
(Hours)	_____	_____	(b x a) ÷ 1700
1. If this line includes Continuing-Part-time members from the previous grant cycle, please check this box and identify how many: _____			
2. If you are proposing one year part-time 450 hours, use the following formula: _ FTE or (b+c)/4			
TOTAL FTEs			=====

Budget Request (may not exceed \$500 per full-time equivalent)

Staff Costs \$ _____

Program Costs:

Training _____

Travel _____

Supplies _____

Other: _____

Subtotal \$ _____

Total Budget \$ _____